

ROUTING SLIP FOR INVOICES

DATE February 14, 2018

CONTRACTOR Caring to Love

PO # 2000224936

MONTH OF SERVICE January 2018

TO Jeanine

INITIAL REVIEW J

DATE 2/22/18

FSPS2 REVIEW

DATE

Program Manager 1/2 DL

DATE 2/22/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 2/22/18

EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

No adjustments



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FEB 14 2018

**DCFS
Economic Stability**

Carling To Love Ministries

Contractor Name
3813 N Flannery Rd
Mailing Address
Baton Rouge, LA 70814
City, State, Zip
Dorothy Wallis / 225-273-1124
Contact Person/Telephone Number

January 2018

Service Period
719685 20002249368
Contractor/PO#
2000 224936-0118
Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,701.54	\$ 27,880.86	\$ 32,582.40	\$ 40,377.60	
FRINGE BENEFITS	\$ 10,309.44	\$ 721.02	\$ 4,293.17	\$ 5,014.19	\$ 5,295.25	
TRAVEL	\$ 1,080.00	\$ 52.55	\$ 1,027.45	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 1,672.90	\$ 30,119.24	\$ 31,792.14	\$ 28,578.42	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 6,618.75	\$ 46,500.00	\$ 53,118.75	\$ 41,081.25	
OTHER CHARGES	\$ 434,880.00	\$ 43,360.00	\$ 236,150.00	\$ 279,510.00	\$ 155,370.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 28,500.00	\$ 33,250.00	\$ 23,750.00	
TOTALS	\$ 730,800.00	\$ 61,876.76	\$ 374,470.72	\$ 436,347.48	\$ 294,452.52	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

 , President/CEO
Signature of Authorized Contractor Representative and Title

2/12/2018

Date

FOR DCFS USE ONLY					
DCFS Invoice Number <i>224936</i> <i>0118</i>	Org <i>4274</i>	Obj <i>3740</i>	Rep Cat <i>5071</i>	Sub Obj <i>line 1a</i> <i>line 2</i>	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Debra Thomas Program Manager 2/22/18</i> Signature and Title of Authorized DCFS Official
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Jeanine L. Blane 2/22/18

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-0118</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>January 2018</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>1105</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>197</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>1302</u>

SECTION A-SALARY

Services Coordinator	<u>Sanaretha Gray</u>	<u>1,900.00</u>	
Home Prenatal Care Nurse	<u>Kim Hardee</u>	<u>1,600.00</u>	
Home Prenatal Care Educator	<u>J Monic Adams</u>	<u>980.00</u>	
Clerical Support Specialist	<u>Margaret Thompson</u>	<u>221.54</u>	
	TOTAL SALARIES-Direct Svcs	<u>4,701.54</u>	4,701.54 ✓

SECTION B - FRINGE

Insurance	<u>Direct Services</u>	<u>250.00</u>	
FICA	<u>Direct Services</u>	<u>359.67</u>	
Worker's Compensation	<u>Direct Services</u>	<u>111.35</u>	
	TOTAL FRINGES-Direct Svcs	<u>721.02</u>	721.02 ✓

SECTION C - TRAVEL

Travel	<u>Direct Services</u>	<u>52.55</u>	
Travel	<u>Direct Services</u>	<u>0.00</u>	
	TOTAL TRAVEL-Direct Svcs	<u>52.55</u>	52.55

SECTION D - OPERATING EXPENSES

Printing <i>11/1/18 - 11/1/18</i>	<u>Direct Services</u>	<u>337.95 ✓</u>	
Printing	<u>Direct Services</u>	<u>0.00</u>	
Office Supplies	<u>Direct Services</u>	<u>0.00</u>	
Copy Machine <i>Delayed</i>	<u>Direct Services</u>	<u>250.00 ✓</u>	
Internet Service	<u>Direct Services</u>	<u>195.00 ✓</u>	
Media	<u>Direct Services</u>	<u>0.00</u>	
Website	<u>Direct Services</u>	<u>14.95 ✓</u>	
KNOWforSURE	<u>Direct Services</u>	<u>875.00 ✓</u>	
	TOTAL OPERATING EXPENSES FOR MONTH	<u>1,672.90</u>	1,672.90

163.95
174.00
337.95

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00 ✓
Performance Improvement Coorc	Garcia Bodley	1,125.00 ✓
Public Relations/Media Coord	Randy Rice	700.00 ✓
Webmaster/Info Tech Cons.	Kathleen Benfield	393.75 ✓
Information Technology Cons.	Turnkey	250.00
Auditor Services	Michael Choate, CPA	0.00
Professional Technical Svc	JHam/Rita Michella/Emily/Alexis	1,950.00 ✓
	<i>800 250.00</i>	
	<i>250 150 500.00</i>	
	<i>TOTAL PROFESSIONAL</i>	
		6,618.75
		6,618.75 ✓

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	197	1,970.00
Positive Pregnancy Test	\$ 10.00	225	2,250.00
Negative Pregnancy Test	\$ 10.00	36	360.00
Abstinence Education	\$ 30.00	27	810.00
Counseling	\$ 40.00	240	9,600.00
Referral Services	\$ 10.00	274	2,740.00
Health Risk Assessment	\$ 30.00	293	8,790.00
Care Plan Development	\$ 30.00	160	4,800.00
On-going Care	\$ 30.00	137	4,110.00
Family Support Services	\$ 40.00	50	2,000.00
Home Outreach Support Services	\$ 75.00	54	4,050.00
Birth Outcome Confirmation	\$ 40.00	47	1,880.00
			43,360.00
	TOTAL OTHER CHARGES		

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00
		TOTAL INDIRECT COST
		4,750.00
		TOTAL INVOICE
		\$ 61,876.76

Authorized Signature per Dorothy Wallis

Project Administrator

2/9/2018

Date

OFS Approval

Telephone Number

2/9/2018

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

Page 3/3

Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

January 12, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
January 2017-2018 Reimbursement Invoice
Supplementals July – December 2017

Dear Ms. Leblanc,

Please find attached, our January 2018 Cost Reimbursement Invoice, Supplementals for July 2017, August 2017, September 2017, October 2017, November 2017 and December 2017 for grant period 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of January 2018.

I'm requesting permission to fill the Clerical position with Margaret Thompson; she has a wealth of knowledge, experience, and expertise in the areas of Data Entry, Clerical Skills, Knowledge of Word & Excel, Ten Key by Touch, Interpersonal Skills, Case Management, Good Written & Verbal communication, Bookkeeping and Receptionist Skills. She graduated with a Bachelor in Science and a Masters Degree.

Hope Restored Pregnancy Resource Center would like to be a provider under the Louisiana Life Choice Project effective January 25, 2018 (letter attached).

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I remain,

Dorothy Wallin
Dorothy Wallin

Program Administration
Caring to Love Ministries

Hope Restored Pregnancy Resource Center
437 Grand Caillou
Houma Louisiana 70363



Mrs. Dorothy Wallis
Caring to Love Ministries
3813 North Flannery Road
Baton Rouge, LA 70814

January 25, 2018

Dear Mrs. Wallis:

Hope Restored Pregnancy Resource Center is delighted to be partnering with the Louisiana Life Choice Project (LCP). As a past participant in the LCP coalition through Family Resource Clinic, I know the value of the services that women receive through this program, as it has helped many women in our area.

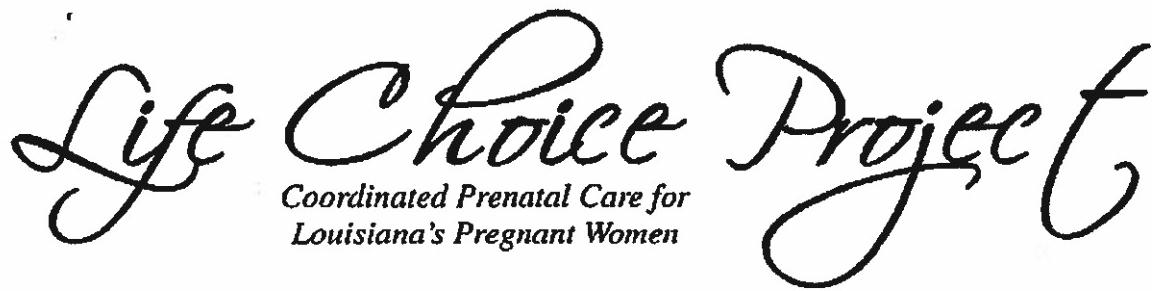
One of the main reasons we are excited about working with LCP is knowing that families in need can receive not only accurate medical information concerning their pregnancies but also material goods that enable them to provide for their babies in their own homes. We also appreciate that clients going through the LCP program have the opportunity to learn life long skills about raising a happy, healthy child and about maintaining good family relationships.

We are excited to be able to join with this coalition, as we are certain it can only benefit the women of Terrebonne Parish and the surrounding parishes. We look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Tara Detiveaux".

Tara Detiveaux
Executive Director
Hope Restored Pregnancy Resource Center



Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc**
- One Copy**
- Cover Letter**
- Cost Reimbursement Invoices for January 2018, Supplementals July 2017 – December 2017**
- Section A: Salary**
- Section B: Fringe**
 - FICA**
 - LCTA – Worker Compensation**
- Section C: Travel**
- Section D: Operating Expenses**
 - Cancelled Checks and Wire Transfers**
- Section F: Professional services**
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- Section G: Other Charges – Coordinated Prenatal Care Services**
 - Subcontractors' Front Page and Wire Transfer**
- Section I: Indirect Costs- Project Administrative**
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- TANF –MOS Report January 2018, Supplementals July 2017 – December 2017**

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

P.O.# 200 224936 - 0118
ACH Transfer Detail Grid for January 2018

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	27-31	32	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	43	44	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	46-47	48	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	49	50	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	51	52	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	53	54	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	57	58	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	59	60	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech SvS	Michelle Dyess	61	62	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	63	64	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	65	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	78	80	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	81	83	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	84	86	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	87.1	88	Gulf Coast Bank & Tst	5



Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$613.26

Available Balance

Last Updated: 2/10/2018 5:54 PM

Start Date	End Date	Transaction Type
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2/7/2018 to 2/10/2018

Min Amount	Max Amount	Check #
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\$0.00 to \$0.00

to

[Apply Filters](#)
[Reset](#)
Act Pg #

Date	Description	Amount
FEB 9 2018	Jan 2018 CPC	71 (\$15,735.00)
FEB 9 2018	Jan 2018 APC	77 (\$12,240.00)
FEB 9 2018	Jan 2018 WRC	74 (\$7,180.00)
FEB 9 2018	Jan 2018 Restoration	83 (\$5,435.00)
FEB 9 2018	Jan 2018 Access-Catholic	80 (\$1,560.00)
FEB 9 2018	Jan 2018 Gonzales	86 (\$1,210.00)
FEB 9 2018	Travel-Jan 2018	32 (\$52.55)
FEB 7 2018	D Wallis-Jan 7	88 (\$4,500.00)
FEB 7 2018	Sept17 Suppl	(\$3,930.00)
FEB 7 2018	Aug17 Suppl	(\$2,955.00)
FEB 7 2018	Dec17 Media	(\$2,667.00)

2/10/2018

Gulf Coast Bank and Trust

ACH Pg #

FEB 7 2018	Sept17 Suppl			(-\$2,500.00)
FEB 7 2018	Sept17 Suppl			(-\$2,340.00)
FEB 7 2018	July17 Suppl			(-\$2,250.00)
FEB 7 2018	Jan18	48		(-\$2,200.00)
FEB 7 2018	Aug17 Suppl			(-\$2,175.00)
FEB 7 2018	July17 Suppl			(-\$1,810.00)
FEB 7 2018	Aug17 Suppl			(-\$1,620.00)
FEB 7 2018	July17 Suppl			(-\$1,620.00)
FEB 7 2018	Aug17 Suppl			(-\$1,520.00)
FEB 7 2018	Oct17 Suppl			(-\$1,320.00)
FEB 7 2018	Jan18	50		(-\$1,125.00)
FEB 7 2018	Jan17 SFW	44		(-\$875.00)
FEB 7 2018	Jan18	58		(-\$800.00)
FEB 7 2018	July17 Suppl			(-\$710.00)
FEB 7 2018	Jan17 P/R	52		(-\$700.00)
FEB 7 2018	Jan18	66		(-\$500.00)
FEB 7 2018	Aug17 Suppl Gonzales			(-\$420.00)
FEB 7 2018	Jan18	54		(-\$393.75)
FEB 7 2018	Sept17 Suppl Gonzales			(-\$370.00)

2/10/2018

Gulf Coast Bank and Trust

Act Pg #

FEB 7 2018	July17 Suppl		(\$270.00)
FEB 7 2018	Jan18	60	(\$250.00)
FEB 7 2018	Jan18	62	(\$250.00)
FEB 7 2018	Dec17 Suppl		(\$180.00)
FEB 7 2018	Jan18	64	(\$150.00)
FEB 7 2018	Sept17 Suppl		(\$140.00)
FEB 7 2018	Aug17 Suppl		(\$120.00)
FEB 7 2018	July17 Suppl Gonzales		(\$80.00)
FEB 7 2018	TMS Transfer from DDA#100637305 per Dorothy Wallis		+ \$2,500.00

PO# 2000 224936

SECTION A

SALARY

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary
January 2018

4:26 PM

02/11/18

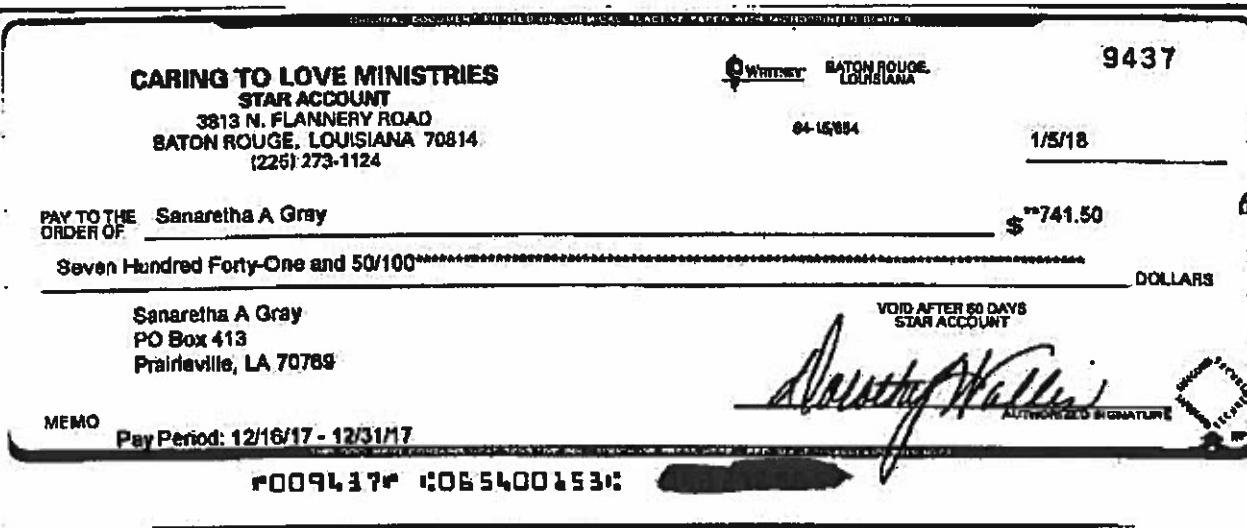
	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	Thompson, Margaret B	TOTAL
Employee Wages, Taxes and Adj...					
Gross Pay					
Care Pregnancy Clinic S...	1,800.00	1,900.00	3,050.68	221.54	6,972.22
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
Total Gross Pay	1,800.00	1,900.00	3,050.68	221.54	6,972.22
Deductions from Gross Pay					
Health Insurance (taxable)	0.00	0.00	-452.22	0.00	-452.22
Total Deductions from Gro...	0.00	0.00	-452.22	0.00	-452.22
Adjusted Gross Pay	1,800.00	1,900.00	2,598.46	221.54	6,520.00
Taxes Withheld					
Federal Withholding	0.00	-218.00	-340.00	0.00	-558.00
Medicare Employee	-26.10	-27.55	-44.23	-3.21	-101.09
Social Security Employee	-111.60	-117.80	-189.14	-13.74	-432.28
LA - Withholding	-38.56	-53.84	-72.16	-0.72	-165.08
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
Total Taxes Withheld	-176.26	-416.98	-845.53	-17.67	-1,256.45
Net Pay	1,623.74	1,483.01	1,982.93	203.87	5,263.55
Employer Taxes and Contributions					
Medicare Company	26.10	27.55	44.23	3.21	101.09
Social Security Company	111.60	117.80	189.14	13.74	432.28
Total Employer Taxes and Contr...	137.70	145.35	233.37	16.95	533.37

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray ✓	1,900.00		145.35	45.00	190.35	2,090.35
Home Prenatal Care Nurse	Kim Hardee ✓	1,600.00	250.00	122.40	37.89	410.29	2,010.29
Home prenatal Care Educator	J Monic Adams ✓	980.00		74.97	23.21	98.18	1,078.18
Clerical Support	Margaret Thompson	221.54		16.95	5.25	22.20	243.74
TOTALS		4,701.54	250.00	359.67	111.35	721.02	5,422.56

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	DDA CHECK 0000009437
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$8,521.38

SECTION A-PERSONNEL SERVICES-Services Coordinator

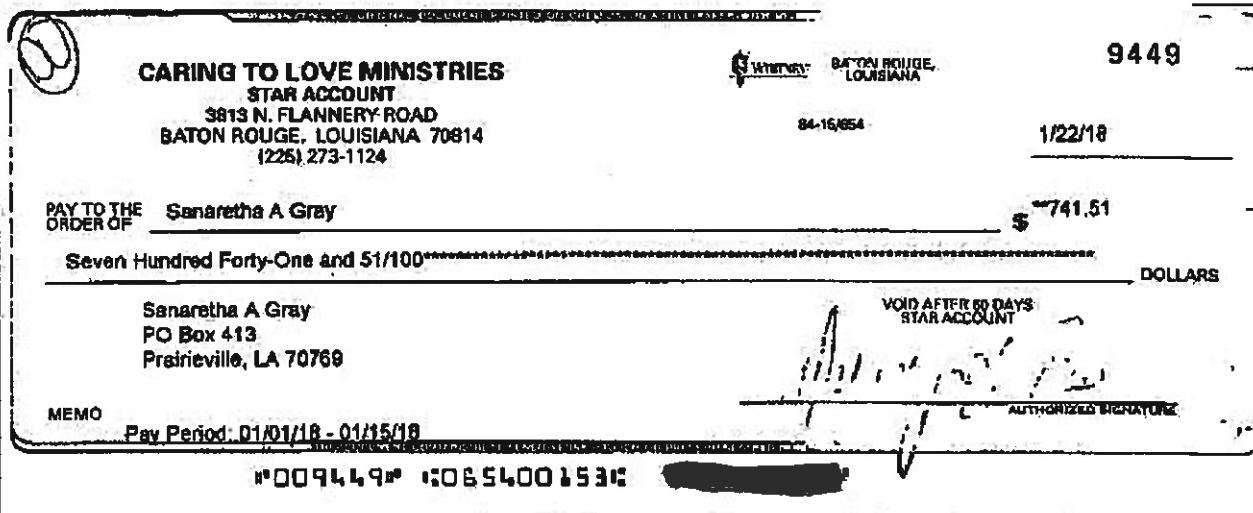
LCP Budget to reimburse CTLM = \$1900.00 for month

10

Transactions Details

Posting Date	01/24/2018
Transaction Date	01/24/2018
Description	DDA CHECK 0000009449
Transaction Type	Debit
T/C	0077
Amount	\$741.51
Balance	\$7,114.93

[Front](#) [Back](#)



SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1900.00 for month

Transactions Details

Posting Date	02/06/2018
Transaction Date	02/06/2018
Description	DDA CHECK 0000009438
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$12,633.09

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

FIRST BATON ROUGE,
LOUISIANA

9438

04-15-034

1/5/18

PAY TO THE
ORDER OF Kim A Hardee

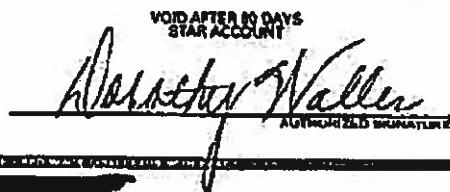
Nine Hundred Seventy-Six and 46/100

\$ 976.46

DOLLARS

Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 10 DAYS
STAR ACCOUNT



AUTHORIZED SIGNATURE

MEMO

Pay Period: 12/16/17 - 12/31/17

#009438# 1065400153#

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

12

Transactions Details

Posting Date	02/06/2018
Transaction Date	02/06/2018
Description	DDA CHECK 0000009450
Transaction Type	Debit
T/C	0077
Amount	\$976.47
Balance	\$11,656.62

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

WELLS FARGO BANK
BATON ROUGE,
LOUISIANA

9450

64-15754

1/22/18

PAY TO THE ORDER OF Kim A Hardie

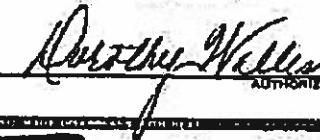
\$ 976.47

Nine Hundred Seventy-Six and 47/100

DOLLARS

Kim A Hardie
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT



AUTHORIZED SIGNATURE

MEMO

Pay Period: 01/01/18 - 01/15/18

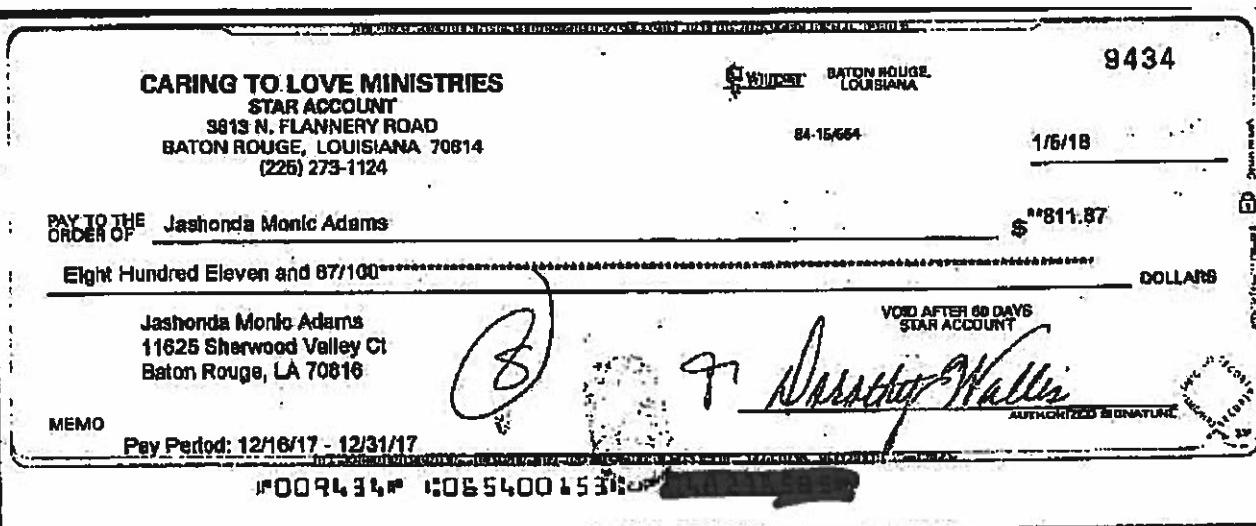
#0094501 106540015315 [REDACTED]

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	TELLER CASHED DEBIT 0000009434
Transaction Type	Debit
T/C	0040
Amount	\$811.87
Balance	\$10,103.91

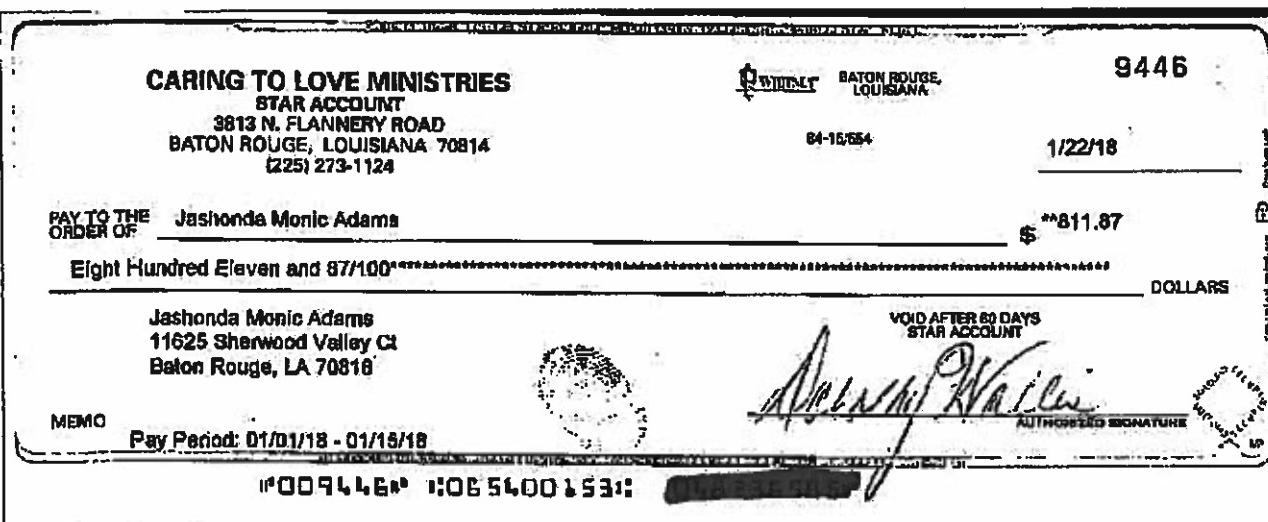


SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	01/22/2018
Transaction Date	01/22/2018
Description	TELLER CASHED DEBIT 0000009446
Transaction Type	Debit
T/C	0040
Amount	\$811.87
Balance	\$9,416.32



SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	01/24/2018
Transaction Date	01/24/2018
Description	DDA CHECK 0000009455
Transaction Type	Debit
T/C	0077
Amount	\$203.87
Balance	\$6,428.06

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

WITNEY BATON ROUGE,
LOUISIANA

9455

64-15/554

1/22/18

PAY TO THE
ORDER OF Margaret B Thompson

\$ 203.87

Two Hundred Three and 87/100

DOLLARS

Margaret B Thompson
383 Rivercrest Ave
Baton Rouge, LA 70807

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO

Pay Period: 01/01/18 - 01/15/18

AUTHORIZED SIGNATURE

#0094551# 1065400153# [REDACTED]

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$221.54 for month

16

PO# 2000 224936

SECTION B

FRINGES

GBS82087000173020



Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID:	27461918
Subgroup ID:	0000

Due Date: 01/15/2018
Billing Date: 01/02/2018

Invoice Period From : 01/15/2018
Invoice Period Through: 02/14/2018
Invoice Number : 180020001383

Subscriber Count: 2

5225 Employee Benefits CPC

Outstanding Balance..... (\$2,134.03)

Premiums This Period..... \$2,217.29

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,217.29

Please Pay Total Amount Due

\$83.26

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

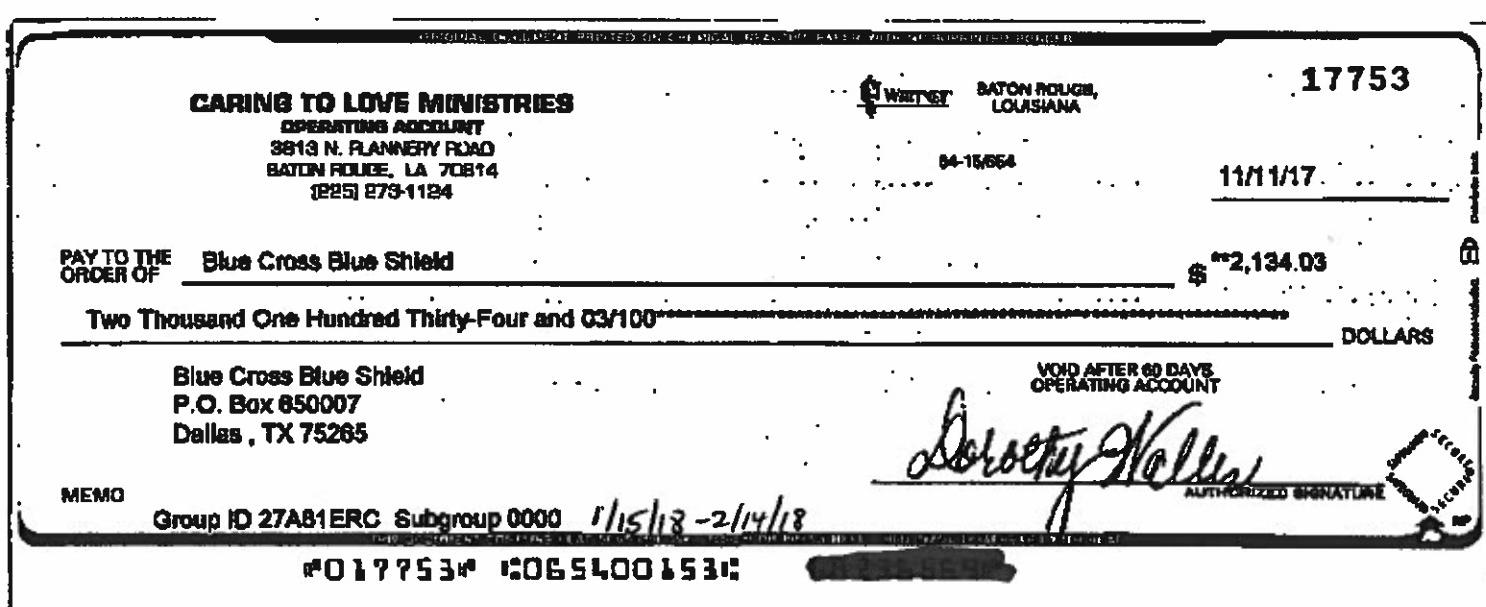
continued ↵

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000017753
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$691.49



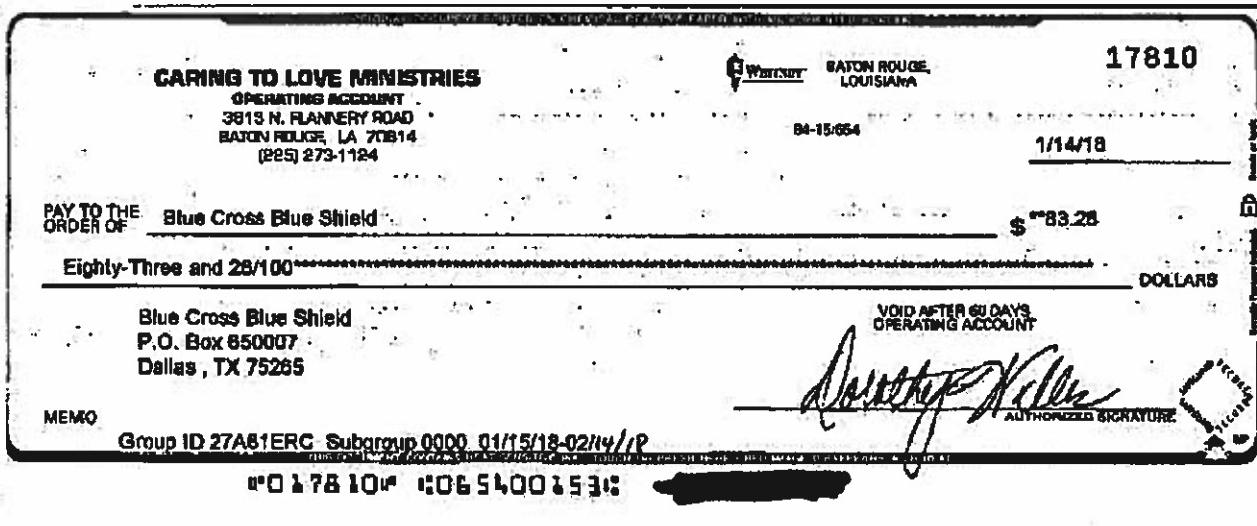
SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Received
FEB 14 2018
DCFS Economic Stability

Transactions Details

Posting Date	01/23/2018
Transaction Date	01/23/2018
Description	DDA CHECK 0000017810
Transaction Type	Debit
T/C	0075
Amount	\$83.26
Balance	\$15,900.47



SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

20

GROUP SUMMARY

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 01/15/2018

► PAYMENTS

Description	Date	Amount
Payment Received	11/30/2017	\$2,134.03
Payment Received	12/06/2017	\$2,134.03
Payment Received	12/19/2017	\$2,134.03
Total		\$6,402.09

► PREMIUMS BY COVERAGE TYPE - BCBSLA

Coverage Type	Sub Count	Total
Medical	2	\$2,217.29
Total		\$2,217.29

► PREMIUMS BY PRODUCT DETAIL - BCBSLA

Product	Sub Count	Total
PPO	2	\$2,217.29
Total		\$2,217.29

► PREMIUMS BY CLASS

Class	Sub Count	Total
SECTION B-FRINGES-Insurance		
A001 JCP Budget to reimburse CTLM - \$250.00 for month	2	\$2,217.29
Total		\$2,217.29

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 01/15/2018

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A.	202227628	PPO	\$0.00	\$1,293.21	0	\$1,293.21
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

22



Electronic Federal Tax Payment System

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270843861529051

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information

Taxpayer EIN	xxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q1/2018
Payment Amount	\$3,175.38
Settlement Date	02/07/2018
Subcategories:	
1 Social Security	\$1,900.82
2 Medicare	\$444.54
3 Tax Withholding	\$830.00
Account Number	xxxx6585
Account Type	CHECKING
Routing Number	085400153
Bank Name	WHITNEY BANK

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Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-0118

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$359.67 for month

23

PO# 2000 224936-0118

Section 1 Fringes Worker's Comp



Workman's Comp Life Choice \$111.35 Section B

LCTA CASUALTY INSURANCE COMPANY CTLM \$150.65

Total= \$262.00

SELF-REPORTING WORKSHEET

Page of 2

118

Print Date:

1/26/2018

Care Pregnancy Clinic
 Caring to Love Ministries Inc
 3813 N Flannery
 Baton Rouge, LA 70814

Agent: 576
 Ozark South Central Insurance
 (225)775-7814
 Carrier Policy #: WC-1-019438-118
 Rating State: LA
 Payment Due: 2/15/2018

Policy No.: 001000019438118 Division: 0

Policy period: 1/01/2018 - 1/01/2019
 Reporting Period: 1/01/2018 - 1/31/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>8570.70</u>	.29	<u>24.86</u>
8864	Social Svcs Org-All Employees	<u>8992.68</u>	2.58	<u>232.01</u>
	Life Choice = \$111.35			
	CTLML = <u>\$150.65</u>			
	TOTAL = \$262.00			
	**** If no payrolls, report "none" ****			
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>256.87</u>
		(7) Increased Limits .000%	+/-	
		(8) Subtotal	=	<u>256.87</u>
		(9) Discount factor before modifier	x	1.000
		(10) Subtotal	=	<u>256.87</u>
		(11) Experience Modifier	x	
		(12) Subtotal	=	<u>256.87</u>
		(13) Discount factor after modifier	x	1.000
		(14) Total Premium Due	=	<u>256.87</u>
Months not reported:		(15) Add Cents to round		<u>.13</u>
		(16)	+	
		(17) Previous Balance	+	.00
		(18) Total Due	=	<u>257.00</u>
Make check payable to:		+ fee \$5.00		<u>= 262.00</u>
LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510				

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (8), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DavisTitle: Accepted Date: 2/15/18

24

2/6/2018

Mail - luv@ctlm.org

Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Tue 2/6/2018 2:39 PM

To:luv luv <luv@ctlm.org>;

Dear Care Pregnancy Clinic - 19438

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$262.00
Name:	Care Pregnancy Clinic - 19438	Date & Time:	02/06/2018 - 12:38 PST
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	398-636	Transaction ID:	aj14l4rv

Thank you for your order,
LCTA CASUALTY INSURANCE COMPANY

LCTAACOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$262.00 on or after 02/06/2018 - 12:38 PST. If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0118

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$111.35 for month

PO# 2000 224936

SECTION C

TRAVEL

Jeanine M. LeBlanc

From: Dorothy Wallis <dwallis@ctlm.org>
Sent: Wednesday, February 21, 2018 4:09 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis
Subject: RE: 2000224936 CtL January 2018 invoice info needed
Attachments: January 2017 Travel Form for Monique.pdf

Jeanine,

Thank you for bring this to my attention. Per your request I have signed the travel authorization form to authorize payment for Jashonda Adams.

Thank you again,

Dorothy Wallis

From: Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]
Sent: Wednesday, February 21, 2018 1:41 PM
To: Dorothy Wallis <dwallis@ctlm.org>
Subject: 2000224936 CtL January 2018 invoice info needed

Ms. Wallace,

Please see the attached travel form. In order to reimburse travel, the form must also be signed by Ms. Jashonda Adams' immediate supervisor.

Please email me the signed form by Friday, February 23, 2018,

Thank you.

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services
627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536

PO# 2000 224936-0118

Section C-Travel

Page 1 of 6

Page 1 of 2

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Adams

ADDRESS

11625 Sherwood Valley CT

CITY

Baton Rouge

DATE OF CLAIM 1-31-18

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

01/01/18 - 01/31/18

ACH = \$52.55 = budget available

Expense Summary

	Lump-Sum Allowance	\$	
	Per Mile Cost:	mi. @ .51	\$
Automobile:	450	mi. @ .51	\$ 229.50
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients	\$ 229.50	\$ 229.50

Certificate of Payee

* Budget Available = 52.55

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Jashonda Adams

SIGNED BY PAYEE

Home Prenatal Care Educator

TITLE OR POSITION

East Baton Rouge

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

CEO/President

SIGNED BY: _____ TITLE: _____

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Adams

ADDRESS
11625 Sherwood Valley CTCITY
Baton Rouge

ACH = \$52.55 = budget available

DATE OF CLAIM

1-31-18

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

01/01/18 - 01/31/18

Expense Summary

Automobile:	Lump-Sum Allowance	\$	
	Per Mile Cost:	mi. @ .51	\$
	450	mi. @ .51	\$ 229.50
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking			\$
Tips (for baggage handling only)			\$
Other Expenses			\$
Less: Travel Advance			\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 229.50

Certificate of Payee

* Budget Available = 52.55

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Home Prenatal Care Educator

TITLE OR POSITION

East Baton Rouge

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

CEO/President

TITLE

SIGNED BY:

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$52.55 = budget available

Page 2 of 2 Travel Expense Form

P.O. # 2000 224936 SECTION C - Travel

BA-12 (3/97)
September 2017

Date	Hour (AM/PM)	Arr	Territory Traveled	Odometer	Substance		
					Lodging Lodging Lodging	Meals No. Cost	Tolls and Parking Tips
1/3/2017	11:49:00 AM	12:05:00 PM	3813 N Flannery Rd, BR, LA 70814 to 3112 Mission Dr, BR, LA 70805	116870	116878	8	
1/3/2017	12:31:00 PM	12:42:00 PM	3112 Mission Dr, BR, LA 70805 to 3813 N Flannery Rd, BR, LA 70814	116878	116886	8	
1/5/2017	12:02:00 PM	12:30:00 PM	3813 N Flannery Rd, BR, LA 70814 to 7188 Siegen Ln, BR, LA 70809	116931	116940	9	
1/5/2017	12:50:00 PM	1:32:00 PM	7188 Siegen Ln, BR, LA 70809 to 3813 N Flannery Rd, BR, LA 70814	116940	116949	9	
1/8/2018	11:42:00 AM	12:07:00 PM	3813 N Flannery Rd, BR, LA 70814 to 5152 Evangeline St, BR, LA 70805	117002	117010	8	
1/8/2018	12:25:00 PM	12:45:00 PM	5152 Evangeline St, BR, LA 70805 to 3813 N Flannery Rd, BR, LA 70814	117010	117018	8	
1/10/2018	10:15:00 AM	10:21:00 AM	3813 N Flannery Rd, BR, LA 70814 to 11689 Catalpa St, BR, LA 70815	117064	117067	3	
1/10/2018	10:32:00 AM	10:48:00 AM	11689 Catalpa St, BR, LA 70815 to 3813 N Flannery Rd, BR, LA 70814	117067	117070	3	
1/10/2018	12:50:00 PM	1:25:00 PM	3813 N Flannery Rd, BR, LA 70814 to 38259 Hwy 621, #23, BR, LA 70737	117071	117094	23	
1/10/2018	1:45:00 PM	2:25:00 PM	38259 Hwy 621, #23, BR, LA 70737 to 3813 N Flannery Rd, BR, LA 70814	117094	117117	23	
1/11/2017	9:44:00 AM	10:13:00 AM	3813 N Flannery Rd, BR, LA 70814 to 5081 Kennedy Dr, BR, LA 70791	117149	117170	21	
1/11/2017	10:40:00 AM	11:11:00 AM	5081 Kennedy Dr, BR, LA 70791	117170	117191	21	
1/12/2017	1:46:00 PM	1:58:00 PM	3813 N Flannery Rd, BR, LA 70814 to 1291 E. Sheraton Ave, BR, LA 70815	117221	117225	4	
1/12/2017	2:16:00 PM	2:38:00 PM	1291 E. Sheraton Ave, BR, LA 70815 3813 N Flannery Rd, BR, LA 70814	117225	117229	4	
				Total Miles Traveled			
				Rate per Mile			
				\$ 0.51			
				\$ 77.52			

✓
152
0.51
\$ 77.52

28

ACH = \$52.55 = budget available

Date	Hour (AM/PM)	Arr	Territory Traveled	Odometer	Subsistence			Other Expenses Description	Cost
					Dep	Lodging No.	Meals Cost	Tolls and Parking	
1/15/2018	9:53:00 AM	10:09:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 31618 LA Highway 16, DS, LA 70726	117281	117290	9			
1/15/2018	10:36:00 AM	11:02:00 AM	31618 LA Highway 16, DS, LA 70726 to 3813 N. Flannery Rd, BR, LA 70814	117290	117299	9			
1/15/2018	2:18:00 PM	2:45:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 2068 Fountain Ave, BR, LA 70810	117299	117313	14			
1/15/2018	3:05:00 PM	3:36:00 PM	2068 Fountain Ave, BR, LA 70810 to 1957 N. Ardenwood Dr # 6040, BR, LA 70806	117313	117324	11			
1/15/2018	3:36:00 PM	4:12:00 PM	1957 N. Ardenwood Dr # 6040, BR, LA 70806 3813 N. Flannery Rd, BR, LA 70814	117324	117331	7			
1/24/2018	12:48:00 PM	1:03:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 12156 Hooper Rd, BR, LA 70814 to	117498	117506	8			
1/24/2018	1:23:00 PM	1:45:00 PM	12156 Hooper Rd, BR, LA 70814 to 28455 Walker Rd S, Walker, LA 70755	117506	117520	14			
1/24/2018	2:32:00 PM	2:50:00 PM	28455 Walker Rd S, Walker, LA 70755 to 3813 N. Flannery Rd, BR, LA 70814	117520	117533	13			
1/24/2018	3:42:00 PM	4:01:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 5195 Plank Rd, BR, LA 70805	117539	117549	10			
1/24/2018	4:16PM	05:02PM	5195 Plank Rd, BR, LA 70805 to 3813 N. Flannery Rd, BR, LA 70814	117549	117559	10			
1/25/2018	10:15:00 AM	10:19:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 14280 Greenwell Springs Rd, BR, LA 70739	117597	117600	3			
1/25/2018	10:45:00 AM	11:01:00 AM	14280 Greenwell Springs Rd, BR, LA 70739 to 3813 N. Flannery Rd, BR, LA 70814	117600	117603	3			
1/26/2018	9:00AM	9:40AM	3813 N. Flannery Rd, BR, LA 70814 to 9980 Florida Blvd, BR, LA 70815	117624	117628	4			
1/26/2018	9:35AM	9:45AM	9980 Florida Blvd, BR, LA 70815 to 3813 N. Flannery Rd, BR, LA 70814	117628	117632	4			
								Total Miles Traveled	119
								Rate per Mile	0.51
								Total Amount to Bill	\$ 60.69

Total Miles Traveled
Rate per Mile
Total Amount to Bill

119
0.51
\$ 60.69

P.O.#2000 224936 SECTION C - Travel

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September 2017
A-Z (3/3/)

20

ACH = \$52.55 = budget available

SECTION C - Travel						
			Substance			
Date	Hour (AM/PM)	Arr.	Territory Traveled	Depart	Arrive	Miles Trav.
1/26/2018	9:52:00 AM	10:10:00 AM	3813 N Flannery Rd, BR, LA 70815 to 2080 N Lobdell Blvd, BR, LA 70806	117632	117639	7
1/26/2018	10:26:00 AM	10:58:00 AM	2080 N Lobdell Blvd, BR, LA 70806	117639	117643	4
			680 Sharp Ln, BR, LA 70815			
1/26/2018	11:10:00 AM	11:36:00 AM	680 Sharp Ln, BR, LA 70815 to- 100 Women's Way, BR, LA 70817	117643	117650	7
1/26/2018	12:15:00 PM	12:52:00 PM	100 Women's Way, BR, LA 70817 to- 1707 Olive Dr, Livingston, LA 70754	117650	117668	18
			1707 Olive Dr, Livingston, LA 70754 to- 13146 Florida Blvd, BR, LA 70815			
1/26/2018	1:05:00 PM	1:52:00 PM	13146 Florida Blvd, BR, LA 70815	117668	117684	16
			13146 Florida Blvd, BR, LA 70815			
1/26/2018	2:20:00 PM	2:28:00 PM	10311 E Brookside Dr, BR, LA 70818	117684	117692	8
			10311 E Brookside Dr, BR, LA 70818			
1/26/2018	3:02:00 PM	3:15:00 PM	3813 N Flannery Dr, BR, LA 70814	117692	117698	6
			3813 N Flannery Rd, BR, LA 70815 to 3240 Brady St, BR, LA 70805			
1/29/2018	12:09:00 PM	12:30:00 PM	3240 Brady St, BR, LA 70805	117789	117798	9
			3240 Brady St, BR, LA 70805 to- 27853 Juban Rd, BR, LA 70726			
1/29/2018	12:45:00 PM	1:30:00 PM	27853 Juban Rd, BR, LA 70726 to- 3813 N Flannery Dr, BR, LA 70814	117798	117816	18
			27853 Juban Rd, BR, LA 70726 to- 3813 N Flannery Dr, BR, LA 70814			
1/29/2018	2:23:00 PM	3:18:00 PM		117816	117826	10
1/29/2018	3:47:00 PM	3:57:00 PM	3813 N Flannery Dr, BR, LA 70814 to- 6275 Matthews St, BR, LA 70814	117826	117834	8
			6275 Matthews St, BR, LA 70814 to- 3813 N Flannery Dr, BR, LA 70814			
1/29/2018	4:05:00 PM	4:22:00 PM	3813 N Flannery Dr, BR, LA 70814 to- 1946 Rice Dr, BR, LA 70802	117834	117842	8
			1946 Rice Dr, BR, LA 70802			
1/30/2018	11:15:00 AM	11:30:00 AM	3813 N Flannery Dr, BR, LA 70814	117842	117871	8
1/30/2018	11:42:00 AM	1:01:00 PM		117871	117879	8

Total Miles Traveled Rate per Mile Total Amount to Bill

135 0.51 \$ 68.85

ACH \div \$52.55 = budget available

Total Miles Traveled Rate per Mile Total Amount to Bill

$$\begin{array}{r} 44 \\ \times 0.51 \\ \hline \$ 22.44 \end{array}$$

ACH = \$52.55 = budget available

Created	Status	Approvals	Transaction Type	Account	Amount
2/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78857	LCP CHECKING xxxxx6649	\$52.55

Tracking ID: 78857

Total Amount: \$52.55

Created: 02/08/2018 8:07 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/08/2018 8:08 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC	\$52.55		XXXX6569	Checking	XXXXX0153	

Addenda: Travel-Jan 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

0 • C

0 • C

163 • 95 +
174 • 00 +
337 • 95 *

337 • 95 +
250 • 00 +
195 • 00 +
14 • 95 +
875 • 00 +
1 • 672 • 90 *

0 • C

SECTION D

OPERATING EXPENSE



Internet Marketing • Direct Mail • Yellow Pages

**18308 Wickham Rd. Ste B
Olney, MD 20832**

Date	Invoice #
1/1/2018	226230

Phone: 301 570-7575
Fax: 866 324-5531

Bill To

**Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814**

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0118		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
		Total	\$163.95

Ad America

Internet Marketing • Direct Mail • Yellow Pages

**18308 Wickham Rd. Ste B
Olney, MD 20832**

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
1/1/2018	226228

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0118		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			Total \$174.00

Ad America

Bill To:
Caring to Love Ministries
NA
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXX0848

Trx Type : Sale
Order : VT262018101151
Auth : APPROVED 04578G

Amount : \$337.95
Tax : \$0.00
Total : \$337.95

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X _____

PO# 2000 224936-0118

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

36

2/6/2018, 10:12 AM



financial solutions
partner

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 57818140
Due Date: 02/15/2018
Due This Period: \$555.75

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802

.....

2100000578181400000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 57818140
Account Number: 854059
Site Number: 3951293
Invoice Date: 01/20/2018
Period of Performance: 01/15/2018-02/14/2018
Due This Period: \$555.75

Visit www.lesseedirect.com

IMPORTANT MESSAGES

Did you know you can...

- ✓ View copies of your contract and open invoices
 - ✓ Enroll in paperless invoicing
 - ✓ Make a payment
 - ✓ Set up automated/recurring payments

***Please review your equipment location(s) for tax purposes.**

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427118	CFKF00491		TOSHIBA / ES3505AC	25427118_1				\$284.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427118	DRL28209		CANON / IR1028F	25427118_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427118	HRP09682		CANON / IRA4035	25427118_2				\$168.58	\$15.86	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
PO# 2000 224936-0118										
Page 1 of 2								Asset Amount Total: \$528.99		

Asset Location: 3813 N FLANNERY
PO# 2000 224936-0118

Page 1 of 2

Asset Amount Total: \$528.99

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	2/07/2018
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, February 06, 2018 12:00 PM ET will be posted on Tuesday, February 06, 2018. Payments confirmed after Tuesday, February 06, 2018 12:00 PM ET will be posted on Wednesday, February 07, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220.

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105786095	854059-3951293	1/20/2018	57818140	2/15/2018	\$555.75	\$555.75

PO# 2000 224936-0118

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



Invoice No. LCP 1/31/2018
P.O.# 2000 224936

INVOICE

Customer

Name Life Choice Project
 Address 3813 N. Flannery Road
 City Baton Rouge State LA ZIP 70814
 Phone 225-273-1124

Date 1/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

SubTotal	\$ 195.00
TOTAL	\$ 195.00

Office Use Only

PO# 2000 224936-0118

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



AT&T

Invoice

Bill-At-A-Glance

Previous Bill	721.56
Payment - Thank You!	721.56CR
Adjustments	.00
Balance	.00
Current Charges	722.46
Total Amount Due	\$722.46

Payment Due Date Feb 18, 2018

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	887.98
Sub-Account #831-000-6867 906	34.50
Total Group #000001	722.46
Total Current Charges	722.46

News You Can Use

News You Can Use

ACCOUNT STATUS
 Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if a power outage has caused an interruption. This fee will be applicable to each account that is being restored and

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

CARING TO LOVE MINISTRIES
 INC
 3813 N FLANNERY RD
 BATON ROUGE, LA 70814

Page	1 of 2
Account Number	171-800-0934 001
Billing Date	Jan 19, 2018
Questions?	1 800 358-1111
Web Site	att.com
Invoice	4810800404
AT&T Tax ID	13-4924710

News You Can Use

ACCOUNT STATUS - Continued
 will be included on your monthly billing statement

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

2/6/2018

PO# 2000 224936-0118

RE: I need to make a payment on our business account asap
Section D-Operating Exp-Internet \$195.00

Page 3 of 3



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
 To: vickiebdavis@gmail.com
 Sent: Feb 5, 2018 1:48:50 PM EST
 Subject: RE: I need to make a payment on our business account asap

Make a Payment

Account: 1718000934001
 Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	SQW7CSR1E054W7P	02/05/18	\$722.46

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
4610800404	722.46	722.46	722.46

Regards,
 Damon Sandness
 AT&T MERK Escalation Team
 Tel.: (866) 502-9421
 Email: ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

PO# 2000 224936-0118

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

***Paid by Credit Card \$14.65 Wufoo.com ***

Wufoo Billing

Sat 1/20/2018 10:06 AM

To: webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;



Infinity Box Inc.	Billed To :
3050 South Delaware Street	Dorothy H Wallis
San Mateo, CA 94403	3813 N. Flannery Road
United States	70814
	United States

2018-01-20

Transaction ID: # 2487830

Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in 0848 was charged \$14.95 for your Wufoo subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/". Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufuu.com

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [Cancellation Information](#) for more details.

Thanks again for using Wufoo and happy form building!

The Wufoo Team

Description : Wufoo Subscription - From : January 20, 2018 to February 20, 2018

Price :	Amount Paid :	Account Name :
\$14.95	\$14.95	ctlm

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. 1/31/2018
P.O.# 2000 224936

INVOICE

Customer

Name	Life Choice Project		
Address	3813 N. Flannery Road		
City	Baton Rouge	State	LA
Phone	225-273-1124		

Date 1/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

Payment

**Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814**

Office Use Only

TOTAL \$ 875.00

TOTAL \$ 875.00

SECTION D Operating Expense KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

43

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77779	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 77779

Total Amount: \$875.00

Created: 02/06/2018 4:06 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 02/06/2018 4:06 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXXX0153	

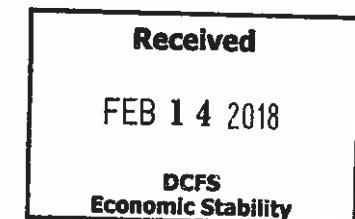
Addenda: Jan 18 SFW

APPROVAL(S):

1 DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month



PO# 2000 22493

SECTION F

PROFESSIONAL

0 • C

0 • C

800.00	+
250.00	+
250.00	+
150.00	+
500.00	+
1,950.00	*
	.
1,950.00	+
2,200.00	+
1,125.00	+
700.00	+
393.75	+
250.00	+
6,618.75	*

0 • C

45

Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice16959 Highland Club Ave
Baton Rouge, LA 70817

Date	Invoice #
1/31/2018	570

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-January 2018	2,200.00	2,200.00
Thank you for the opportunity to serve you!			Total
		\$2,200.00	

46

PO # 2000 224936-0118

Section F-Professional-Accounting Svc

Page 2 of 3

ACH = \$2200.00

ACH = \$2200.00

Life Choice Project**Caring To Love Ministries****PO # 2000 224936-0118****January 2018****Detailed Description for Professional: Accounting Services**

<u>Date</u>	<u>Hours</u>	<u>Description</u>	<u>\$</u> <u>2,200.00</u>
		Direct Mailing Services (Vickie Davis)	
1/3/2018		9 Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
1/5/2018		9 Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
1/8-1/10/18		15 Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
1/12/2018		10 Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
1/18/2018		8 Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
1/20/2018		8 Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
1/31/2018		8 Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		67 Total Hours Worked	

ACH = \$2200.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77780	LCP CHECKING xxxxx6649	\$2,200.00

Tracking ID: 77780

Total Amount: \$2,200.00

Created: 02/06/2018 4:08 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 4:08 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$1125.00

Resources for Communities

Garcia Bodley
 P.O. Box 73215
 Baton Rouge, LA 70874
 Phone: (225) 328-1965

Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814
 (225) 273-1124

INVOICE

Invoice #: 2018-100

For: Services: January, 2018

Location: Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
1/3, 1/15	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
1/5, 1/10, 1/26	As consultant, conducted on-going review of weekly, monthly and cummulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing througho ut month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsletter	4		
1/9, 1/17	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	3		
		15	\$ 75.00	\$1,125.00

ACH = \$1125.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77781	LCP CHECKING xxxxx6649	\$1,125.00

Tracking ID: 77781

Total Amount: \$1,125.00

Created: 02/06/2018 4:09 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 4:09 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,125.00	Xxxxx07195	Checking	Xxxxx0090	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
1/31/2018	13963

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
January PR	
Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 1-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 1-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 1-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 1-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 1-18-16 1.5-Send discrepancy notices for all spots not ran correctly 1-18-16 1-Issuance of credit in the event spots ran incorrectly 1-18-16 1-Arrange for Deliverables 1-18-16 1.5-Processing and delivery of Deliverables 1-18-16	
Thank you for your business.	
	Total \$700.00



2/6/2018 PO# 2000 224936-0118
GULF COAST BANK
& Trust Company

Section F Professional-Public Relations Page 2 of 2

ACH = \$700.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77782	LCP CHECKING xxxxx6649	\$700.00

Tracking ID: 77782

Total Amount: \$700.00

Created: 02/06/2018 4:10 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/06/2018 4:10 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda: Jan18 P/R

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$393.75

Invoice**Kathleen Benfield Consultants**

P.O. Box 10305
 New Orleans, LA 70181

Invoice #: 201173
Invoice Date: 1/31/2018

Terms	Net 30
-------	--------

BILL TO:

Life Choice Project
 Dorothy Wallis
 3813 N. Flannery Rd.
 Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for January, 2018 including training, modifications to web based database and reporting	393.75	1	393.75
Website/Database Maintenance and Support 01/02/18		1	0.00
Website/Database Maintenance and Support 01/09/18		2	0.00
Website/Database Maintenance and Support 01/10/18		0.75	0.00
Website/Database Maintenance and Support 01/12/18		1.5	0.00

Total **\$393.75**

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due **\$393.75**

ACH = \$393.75

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77783	LCP CHECKING xxxxxx6649	\$393.75

Tracking ID: 77783

Total Amount: \$393.75

Created: 02/06/2018 4:11 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 4:11 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$393.75	XXXXX8948	Checking	XXXXX0171	

Addenda: Jan 18

APPROVAL(S):

1 DOROTHY WALLIS

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
01/01/2018	10029612

Terms	Due Date	PO Number	Reference
Net 30 days	01/31/2018		Monthly Billing for February

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"

SEATS INCLUDED: 8

HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS Installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/tks Thank you!	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

\$250!

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<p>Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p> <hr/> <p>Date: 01/18/2018 Confirmation Code: 1588437-6745-1815172823 Customer: Caring To Love Ministries Amount: \$1,210.86 Name On Account: Dorothy H. Wallace Account: Credit Card *****0848</p> <hr/> <p>Item Date Created Due Date Amount Paid Invoice 10029435 01/01/2018 01/31/2018 \$1,210.86</p>

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00
J HAM ENTERPRISES, INC.

INVOICE**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
 812 Sandy Lane
 Ruston, LA 71270

Description

Pregnancy Help Center Consulting
 January 2018
 27 hours @ \$30.00 per hour

Amount Due:

\$800.00

Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette. -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77784	LCP CHECKING xxxxx6649	\$800.00

Tracking ID: 77784

Total Amount: \$800.00

Created: 02/06/2018 4:12 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: J HAM & Associates

Authorized: 02/06/2018 4:12 PM

From: LCP CHECKING xx000x6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

Addenda: Jan 10

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**
Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769**Description**
Pregnancy Help Center Consulting
January 2018
25 hours @ \$10.00 per hour**Amount due:**
\$250.00**Summary description of activities by category:**

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77785	LCP CHECKING xxxxx6649	\$250.00

Tracking ID: 77785

Total Amount: \$250.00

Created: 02/06/2018 4:13 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Sanaretha Gray

Authorized: 02/06/2018 4:13 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785

Description

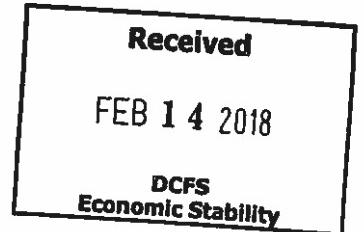
Pregnancy Help Center Consulting
January 2018
10 hours @ \$25 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents



ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77788	LCP CHECKING xxxxx6649	\$250.00

Tracking ID: 77788 **Total Amount:** \$250.00

Created: 02/06/2018 4:14 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 02/06/2018 4:14 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: Jan16

APPROVAL(S):

1 DOROTHY WALLIS

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ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz
4605 S Saratoga St
New Orleans, 70115**Description**Pregnancy Help Center Consulting
January 2018
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77790	LCP CHECKING xxxxx6649	\$150.00

Tracking ID: 77790 **Total Amount:** \$150.00

Created: 02/06/2018 4:14 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 02/06/2018 4:15 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121

Description

Pregnancy Help Center Consulting
January 2018
20 hours @ \$25.00 per hour

Amount due:

\$500.00

Summary description of activities by category:

Hours	Activity
16	Review and verification of Clinic billing packets, compilation of error report
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with director
2	Preparation, Completion, & Submission of Compliance Documents

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77792	LCP CHECKING xxxxx6649	\$500.00

Tracking ID: 77792 **Total Amount:** \$500.00
Created: 02/06/2018 4:15 PM **Total Payments:** 1
Created By: DOROTHY WALLIS **Description:** Alexis Farrugia
Authorized: 02/06/2018 4:15 PM **From:** LCP CHECKING xxxxx6649
Authorized By: DOROTHY WALLIS **ACH Class Code:** PPD
Will process On: 2/6/2018 **ACH Header:** CARING TO LOVE M
Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulia		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Jan 2018 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	1105 Cumm 2nd Visits Last Month	1366
Number of New Participants	197 New 2nd Visits	293
Cumulative Participants	1302 Cumm 2nd Visits	1659

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	197	\$ 1,970.00
2 Positive Pregnancy Test	\$ 10.00	225	\$ 2,250.00
3 Negative Pregnancy Test	\$ 10.00	36	\$ 360.00
4 Abstinence Education	\$ 30.00	27	\$ 810.00
5 Counseling	\$ 40.00	240	\$ 9,600.00
6 Referral Services	\$ 10.00	274	\$ 2,740.00
7 Health Risk Assessment	\$ 30.00	293	\$ 8,790.00
8 Care Plan Development	\$ 30.00	169	\$ 4,800.00
9 On-going Care	\$ 30.00	137	\$ 4,110.00
10 Family Support Services	\$ 40.00	50	\$ 2,000.00
11 Home Outreach Support Services	\$ 75.00	54	\$ 4,050.00
12 Birth Outcome Confirmation	\$ 40.00	47	\$ 1,880.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,740	\$ 43,360.00

Amount Due \$ **43,360.00****Summary:**

Care Pregnancy Clinic	\$ 15,735.00
Women's Resource Center of Natch LA	\$ 7,180.00
A Pregnancy Center	\$ 12,240.00
Access Pregnancy-(Catholic Charities)	\$ 1,560.00
Restoration House	\$ 5,435.00
CPC-Gonzales	\$ 1,210.00

TOTAL ALL CENTERS \$ **43,360.00**

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
 Project Number LCP17-18-01
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/07/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:76 2nd:57 3rd:19 Pantry:85 Home:27 Postpartum:20

Description of Service	#Served	Reimb. Cost	Total
Intake Application	82	\$10	\$ 820
Positive Pregnancy Test	76	\$10	\$ 760
Negative Pregnancy Test	24	\$10	\$ 240
Abstinence Education	24	\$30	\$ 720
Counseling	76	\$40	\$ 3040
Referral Services	95	\$10	\$ 950
Health Risk Assessment	103	\$30	\$ 3090
Care Plan Development	57	\$30	\$ 1710
On-Going Care/Monitoring	46	\$30	\$ 1380
Family Support Services	5	\$40	\$ 200
Home Outreach Support Services	27	\$75	\$ 2025
Birth Outcome Confirmation	20	\$40	\$ 800

Total Services 635 \$ 15735

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

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SECTION G Coordinated Prenatal Care Services		P.O.# 2000 224936		
Care Pregnancy Clinic		LCP 17-18-01		
Cumm from Last Month		415	Cumm 2nd Visits Last Month	491
Number of New Participants for This Month		82	New 2nd Visits	103
Cummulative Participants		497	Cumm 2nd Visits	594
Client Services:			UNIT COST	# Clients
1 Intake Application Process	\$ 10.00		82	\$ 820.00
2 Positive Pregnancy Test	\$ 10.00		76	\$ 760.00
3 Negative Pregnancy Test	\$ 10.00		24	\$ 240.00
4 Abstinence Education	\$ 30.00		24	\$ 720.00
5 Counseling	\$ 40.00		76	\$ 3,040.00
6 Referral Services	\$ 10.00		95	\$ 950.00
7 Health Risk Assessment	\$ 30.00		103	\$ 3,090.00
8 Care Plan Care	\$ 30.00		57	\$ 1,710.00
9 On-going Care	\$ 30.00		46	\$ 1,380.00
10 Family Support Services	\$ 40.00		5	\$ 200.00
11 Home Outreach Support Services	\$ 75.00		27	\$ 2,025.00
12 Birth Outcome Confirmation	\$ 40.00		20	\$ 800.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		635	\$	15,735.00
			Amount Due	\$ 15,735.00

2/7/2018

PO# 2000 224936-0118
GULF COAST BANK
& Trust Company

Section G OTHER CHARGES

Gulf Coast Bank and Trust

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78556	LCP CHECKING xxxxx6649	\$15,735.00

Tracking ID: 78556**Total Amount: \$15,735.00****Created: 02/07/2018 4:49 PM****Total Payments: 1****Created By: DOROTHY WALLIS****From: LCP CHECKING xxxxx6649****Authorized: 02/07/2018 4:50 PM****ACH Class Code: CCD****Authorized By: DOROTHY WALLIS****ACH Header: CARING TO LOVE M****Will process On: 2/8/2018****Effective: 2/9/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$15,735.00	XXXX6569	Checking	XXXX0153	

Addenda: Jan 2018 CPC**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/02/2018)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Center Date
			Not Appr		

REIMBURSEMENT

New Pos. Clients:40 2nd:28 3rd:12 Pantry:35 Home:10 Postpartum:11

Description of Service	#Served	Reimb. Cost	Total
Intake Application	29✓	\$10	\$ 290
Positive Pregnancy Test	40✓	\$10	\$ 400
Negative Pregnancy Test	1✓	\$10	\$ 10
Abstinence Education	1✓	\$30	\$ 30
Counseling	40✓	\$40	\$ 1600
Referral Services	50✓	\$10	\$ 500
Health Risk Assessment	50✓	\$30	\$ 1500
Care Plan Development	28✓	\$30	\$ 840
On-Going Care/Monitoring	22✓	\$30	\$ 660
Family Support Services	4✓	\$40	\$ 160
Home Outreach Support Services	10✓	\$75	\$ 750
Birth Outcome Confirmation	11✓	\$40	\$ 440

 Total Services 286 \$ 7180

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

N/A

Supervisor's Signature

Terri Ruck

Data Entry Clerk's Signature

Danette Westfall

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DW/K

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	155	Cumm 2nd Visits Last Month	247
Number of New Participants for This Month	29	New 2nd Visits	50
Cummulative Participants	184	Cumm 2nd Visits	297

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	29	\$ 290.00
2 Positive Pregnancy Test	\$ 10.00	40	\$ 400.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	40	\$ 1,600.00
6 Referral Services	\$ 10.00	50	\$ 500.00
7 Health Risk Assessment	\$ 30.00	50	\$ 1,500.00
8 Care Plan Care	\$ 30.00	28	\$ 840.00
9 On-going Care	\$ 30.00	22	\$ 660.00
10 Family Support Services	\$ 40.00	4	\$ 160.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	11	\$ 440.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		286	\$ 7,180.00

Amount Due \$ 7,180.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78558	LCP CHECKING xxxxx6649	\$7,180.00

Tracking ID: 78558 **Total Amount:** \$7,180.00

Created: 02/07/2018 4:50 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/07/2018 4:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$7,180.00	XXXX078	Checking	XXXXX2949	

Addenda: Jan 2018 WRC

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:75 2nd:41 3rd:34 Pantry:85 Home:18 Postpartum:6

Description of Service	#Served	Reimb. Cost	Total
Intake Application	43	\$10	\$ 430
Positive Pregnancy Test	75	\$10	\$ 750
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	75	\$40	\$ 3000
Referral Services	85	\$10	\$ 850
Health Risk Assessment	85	\$30	\$ 2550
Care Plan Development	41	\$30	\$ 1230
On-Going Care/Monitoring	44	\$30	\$ 1320
Family Support Services	26	\$40	\$ 1040
Home Outreach Support Services	10	\$75	\$ 750
Birth Outcome Confirmation	6	\$40	\$ 240

Total Services 494 \$ 12240

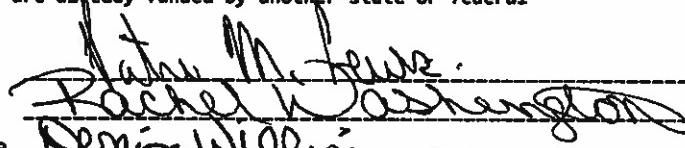
2nd Positive and/or Negative Test Authorization

Adjustments:

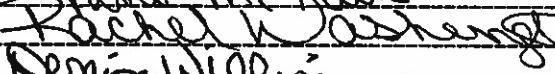
Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature



Supervisor's Signature



Data Entry Clerk's Signature



*** FOR OFFICIAL USE ONLY ***

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SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224936****A Pregnancy Center****LCP-17-18-103**

Cumm from Last Month	231	Cumm 2nd Visits Last Month	333
Number of New Participants for This Month	43	New 2nd Visits	85
Cummulative Participants	274	Cumm 2nd Visits	418

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	43	\$ 430.00
2 Positive Pregnancy Test	\$ 10.00	75	\$ 750.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	75	\$ 3,000.00
6 Referral Services	\$ 10.00	85	\$ 850.00
7 Health Risk Assessment	\$ 30.00	85	\$ 2,550.00
8 Care Plan Care	\$ 30.00	41	\$ 1,230.00
9 On-going Care	\$ 30.00	44	\$ 1,320.00
10 Family Support Services	\$ 40.00	26	\$ 1,040.00
11 Home Outreach Support Services	\$.75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00

TOTAL SUB-CONTRACTOR REIMBURSEMENT 494 \$ 12,240.00

Amount Due \$ 12,240.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78562	LCP CHECKING xxxxx6649	\$12,240.00

Tracking ID: 78562

Total Amount: \$12,240.00

Created: 02/07/2018 4:51 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/07/2018 4:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$12,240.00	XXXX2775	Checking	XXXXX0222	

Addenda: Jan 2018 APC

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
 Project Number LCP17-18-107-1
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/05/2018)
 Report Submitted By Kay Bongard
 Address 921 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:9 2nd:9 3rd:6 Pantry:36 Home:0 Postpartum:3

Description of Service	#Served	Reimb.	Cost	Total
Intake Application	10	85	\$10	\$ 100.50 <i>SALE</i>
Pregnancy Test	9	85	\$10	\$ 90.80 <i>SALE</i>
Negative Pregnancy Test	+		\$10	\$ 10
Abstinence Education	1	(9)	\$30	\$ 30 (270) <i>SALE</i>
Counseling	15		\$40	\$ 600
Referral Services	15	145	\$10	\$ 150.140 <i>SALE</i>
Health Risk Assessment	15	145	\$30	\$ 450.140 <i>SALE</i>
Care Plan Development	9	25	\$30	\$ 270.240 <i>SALE</i>
On-Going Care/Monitoring	6	5.50	\$30	\$ 180.150 <i>SALE</i>
Family Support Services	3		\$40	\$ 120
Home Outreach Support Services	0		\$75	\$ 0
Birth Outcome Confirmation	3		\$40	\$ 120

Total Services

at 66.80

\$ 2120 1560. *840*

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

M Black

Supervisor's Signature

M. Murphy Jr

Data Entry Clerk's Signature

Sheral Duhon

***** FOR OFFICIAL USE ONLY *****

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	70	Cumm 2nd Visits Last Month	66
Number of New Participants for This Month	8	New 2nd Visits	14
Cummulative Participants	78	Cumm 2nd Visits	80

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	8	\$ 80.00
2 Positive Pregnancy Test	\$ 10.00	8	\$ 80.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	(9)	\$ (270.00)
5 Counseling	\$ 40.00	15	\$ 600.00
6 Referral Services	\$ 10.00	14	\$ 140.00
7 Health Risk Assessment	\$ 30.00	14	\$ 420.00
8 Care Plan Care	\$ 30.00	8	\$ 240.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		66	\$ 1,560.00

Amount Due \$ 1,560.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78565	LCP CHECKING xxxxx6649	\$1,560.00

Tracking ID: 78565

Total Amount: \$1,560.00

Created: 02/07/2018 4:52 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/07/2018 4:53 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,560.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Jan 2018 Access-Catholic

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)
 Report Submitted By Tara Hudgins
 Address
 City State Zip ,

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Date
					Center ID

REIMBURSEMENT

New Pos. Clients:23 2nd:12 3rd:7 Pantry:26 Home:5 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	26	\$10	\$ 260
Positive Pregnancy Test	23	\$10	\$ 230
Negative Pregnancy Test	3	\$10	\$ 30
Abstinence Education	3	\$30	\$ 90
Counseling	30	\$40	\$ 1200
Referral Services	24	\$10	\$ 240
Health Risk Assessment	35	\$30	\$ 1050
Care Plan Development	23	\$30	\$ 690
On-Going Care/Monitoring	17	\$30	\$ 510
Family Support Services	15	\$40	\$ 600
Home Outreach Support Services	5	\$75	\$ 375
Birth Outcome Confirmation	4	\$40	\$ 160

Total Services	208	\$ 5435
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2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Kristi Behrner

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224936****Restoration House****LCP 17-18-116**

Cumm from Last Month	131 Cumm 2nd Visits Last Month	159
Number of New Participants for This Month	26 New 2nd Visits	35
Cummulative Participants	157 Cumm 2nd Visits	194

REIMBURSEMENT

<i><u>Client Services:</u></i>	<i><u>UNIT COST</u></i>	<i><u># Clients</u></i>	<i><u>TOTALS</u></i>
1 Intake Application Process	\$ 10.00	26	\$ 260.00
2 Positive Pregnancy Test	\$ 10.00	23	\$ 230.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	30	\$ 1,200.00
6 Referral Services	\$ 10.00	24	\$ 240.00
7 Health Risk Assessment	\$ 30.00	35	\$ 1,050.00
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	17	\$ 510.00
10 Family Support Services	\$ 40.00	15	\$ 600.00
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		208	\$ 5,435.00

Amount Due \$ **5,435.00**

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78567	LCP CHECKING xxxxxx6649	\$5,435.00

Tracking ID: 78567

Total Amount: \$5,435.00

Created: 02/07/2018 4:53 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/07/2018 4:54 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$5,435.00	XXXX176	Checking	XXXXX5459	

Addenda: Jan 2018 Restoration

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center ID

REIMBURSEMENT

New Pos. Clients:3 2nd:3 3rd:1 Pantry:6 Home:2 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	9✓	\$10	\$ 90 ✓
Positive Pregnancy Test	3✓	\$10	\$ 30 ✓
Negative Pregnancy Test	6✓	\$10	\$ 60 ✓
Abstinence Education	6✓	\$30	\$ 180 ✓
Counseling	4✓	\$40	\$ 160 ✓
Referral Services	6✓	\$10	\$ 60 ✓
Health Risk Assessment	6✓	\$30	\$ 180 ✓
Care Plan Development	3✓	\$30	\$ 90 ✓
On-Going Care/Monitoring	3✓	\$30	\$ 90 ✓
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	2✓	\$75	\$ 150 ✓
Birth Outcome Confirmation	3✓	\$40	\$ 120 ✓

Total Services 51 \$ 1210

2nd Positive and/or Negative Test Authorization

Adjustments:
 Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Michelle Dyess

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	67 Cumm 2nd Visits Last Month	35
Number of New Participants for This Month	9 New 2nd Visits	6
Cummulative Participants	76 Cumm 2nd Visits	41

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	9	\$ 90.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	4	\$ 160.00
6 Referral Services	\$ 10.00	6	\$ 60.00
7 Health Risk Assessment	\$ 30.00	6	\$ 180.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00

TOTAL SUB-CONTRACTOR REIMBURSEMENT 51 \$ 1,210.00

Amount Due \$ 1,210.00

Created	Status	Approvals	Transaction Type	Account	Amount
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78570	LCP CHECKING xxxxx6649	\$1,210.00

Tracking ID: 78570

Total Amount: \$1,210.00

Created: 02/07/2018 4:55 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 02/07/2018 4:55 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,210.00	XXXX6569	Checking	XXXXX0153	

Addenda: Jan 2018 Gonzales

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

January 2018

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Tommy French
Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this ____ day of February, 2018

S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire



Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77794	LCP CHECKING xxxxx6649	\$4,500.00

Tracking ID: 77794**Total Amount:** \$4,500.00**Created:** 02/06/2018 4:16 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** DOROTHY WALLIS, CEO**Authorized:** 02/06/2018 4:16 PM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 2/6/2018**ACH Header:** CARING TO LOVE M**Effective:** 2/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-Jan18**APPROVAL(S):**

1 DOROTHY WALLIS

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: January 2018

Employee's Name:

Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	0	8.5	8.5	7.7	7.4	3.0	8.5	7.7	8.5	7.7	3.4	0	8.5	7.7	7.8	6.8	4.3	0	8.5	8.5	7.7	7.7	6.8	3.4	0	7.7	7.7	7.7	188.740			
ADMN	0	1.5	1.5	1.4	1.4	1.4	0	1.5	1.4	1.4	1.4	0	1.5	1.4	1.4	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.4	1.4	33.3040			
Hours	0	10	10	9	9	5	0	10	9	9	4	0	10	9	9	8	5	0	10	9	9	8	4	0	9	9	9	9	222.000			

Employee Signature:

University of Maine Date: June 3, 2018

1/4/18
Date: Jayne French

Supervisor Signature:

89

GBS82087000173020



Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814



Group ID:	27483 ERG
Subscriber ID:	00000

Due Date: 01/15/2018
Billing Date: 01/02/2018

Invoice Period From : 01/15/2018
Invoice Period Through: 02/14/2018
Invoice Number : 180020001383

Subscriber Count: 2

5225 Employee Benefits CPC

Outstanding Balance..... (\$2,134.03)

Premiums This Period..... \$2,217.29

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,217.29

Please Pay Total Amount Due



continued ↗

048A0028 R02/18

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
 HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
 All three companies are independent licensees of the Blue Cross and Blue Shield Association.

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

90

GROUP SUMMARY

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 01/15/2018

► PAYMENTS

Description	Date	Amount
Payment Received	11/30/2017	\$2,134.03
Payment Received	12/06/2017	\$2,134.03
Payment Received	12/19/2017	\$2,134.03
Total:		\$6,402.09

► PREMIUMS BY COVERAGE TYPE - BCBSLA

Coverage Type	Sub Count	Total
Medical	2	\$2,217.29
Total:		\$2,217.29

► PREMIUMS BY PRODUCT DETAIL - BCBSLA

Product	Sub Count	Total
PPO	2	\$2,217.29
Total:		\$2,217.29

► PREMIUMS BY CLASS

Class	Sub Count	Total
SECTION I Indirect Cost-Insurance		
A001		\$2,217.29

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 01/15/2018

► A001 - ACTIVE EMPLOYEES

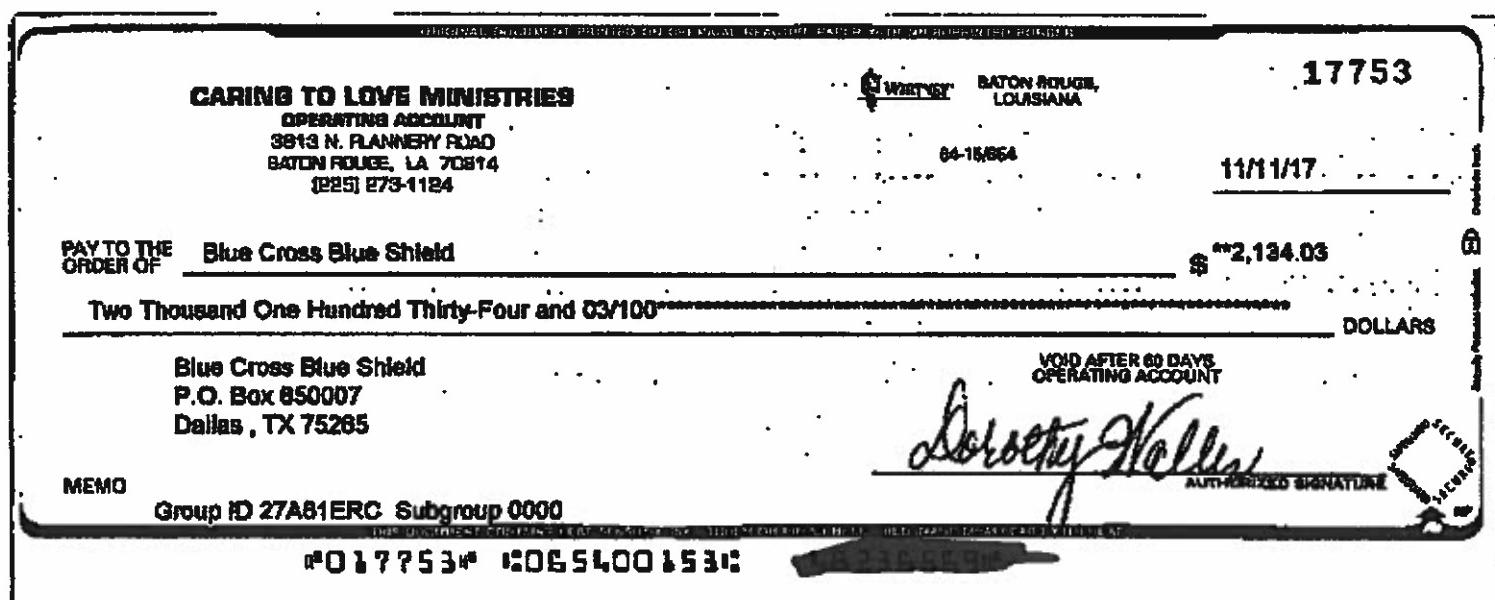
Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hawley, Kim A.	202227623	PPO	\$0.00	\$1,293.21	0	\$1,293.21
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

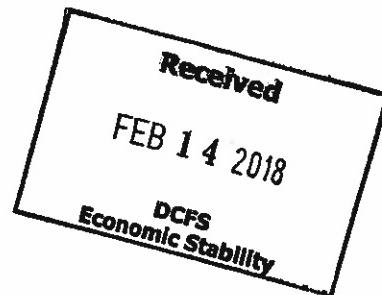
Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000017753
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$691.49



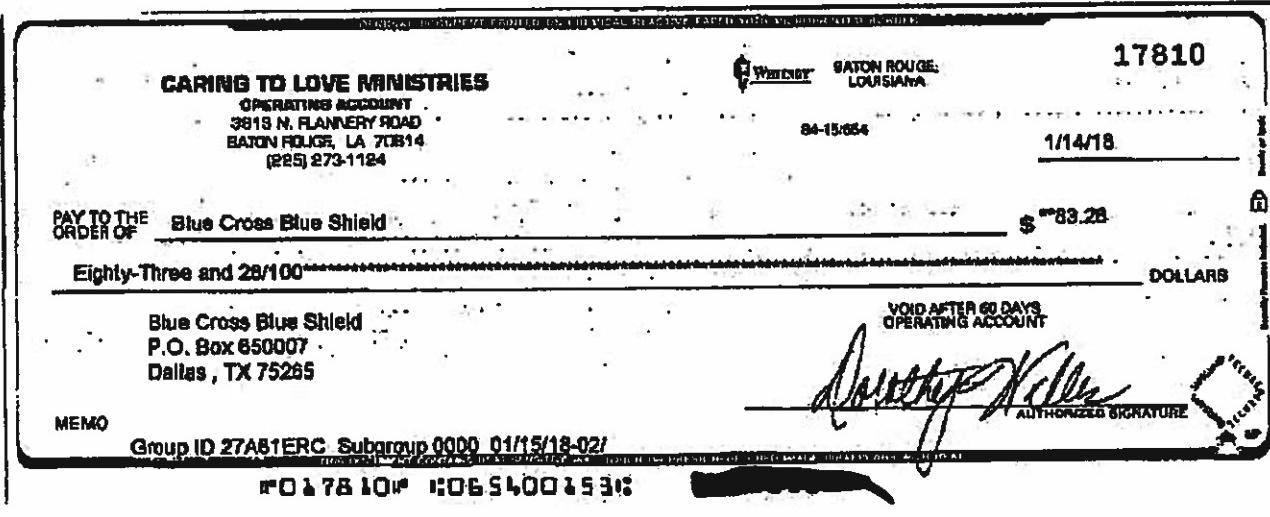
SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



Transactions Details

Posting Date	01/23/2018
Transaction Date	01/23/2018
Description	DDA CHECK 0000017810
Transaction Type	Debit
T/C	0075
Amount	\$83.26
Balance	\$15,900.47



SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Attachment 7: Personnel Activity Report**Report Date: 1/31/18**

Administrative Staff	
Project Administrator	Dorothy H. Wallis
Accounting Services	Vickie Davis
Programmatic Staff	
Services Coordinator	Sanaretha Gray
Home Prenatal Care Nurse	Kim Hardee, RN
Home Prenatal Care Educator	J. Moniq Adams
Clerical Support Specialist	Margaret Thompson
Contracted Professional Services	
Performance Improvement Coordinator	Garcia Bodley/Resources for Communities
Professional Technical Services/QA Supervisor	Jennifer Ham
Professional Technical Services/QA Specialist	Lacey Bodley
Professional Technical Services/QA Specialist	Alexis Farrugia
Professional Technical Services/QA Specialist	Emily Ilgenfritz
Other Professional/Technical Support Services	
Public Relations/Media Consultant	Randy Rice
Web-based Communications Consultant	Kathleen Benfield/Kathleen Benfield Consultants
Computer Services Technical Support	TurnKey
Auditor	Michael Choate, CPA